

ASSET ANALYSIS FOR LONG TERM CARE PLANNING - SINGLE

Name			as of:	
VALUE OF ASSETS OWNED, AND HOW TITLED				
	Client	Joint with Survivorship	Other	Beneficiary Designations
Checking Accounts				
Savings Accounts				
Money Market Accounts				
Cert's of Deposit				
U.S. Savings Bonds (Total)				
Stocks & Bonds & Brokerage Acc'ts				
Mutual Funds				

Seen and correct
to the best of my knowledge

Signature: _____

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	Client	Joint with Survivorship	Other	Beneficiary Designations
Notes Receivable				
Annuities				
Business Interests				
Real Estate Residence				
(Also note any mortgage due)				
IRA/401(k)/Keogh/SEP				
Ltd. Partnerships				
Vehicle 1				
Vehicle 2				
Burial Arrangements				
Pers. Prop. of Unusual Value				
Cash Value of Life Insurance				

Seen and correct
to the best of my knowledge

Signature: _____

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INCOME				
Social Security				
Retirement				
Investment				
Annuities				
Other				
TOTAL GROSS MONTHLY INCOME				
Gifts given over last five years	Approximate Date	Approximate Value		
Debts Owed	Approx. amt.	Est. payoff date		

Seen and correct
to the best of my knowledge

Signature: _____

Form Updated 8/11/2011